

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Fresenius Medical Care North America PAC

ADDRESS (number and street)

801 Pennsylvania Avenue, NW

Suite 255

☒Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00401299

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2008

through

05

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kathleen Smith

Signature of Treasurer

Electronically Filed by Kathleen Smith

Date

06

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		9114.46
(b) Cash on Hand at Beginning of Reporting Period .....	22102.59	
(c) Total Receipts (from Line 19) .....	24700.00	58125.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	46802.59	67239.46
7. Total Disbursements (from Line 31) .....	18700.00	39136.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28102.59	28102.59
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22850.00	55250.00
(i) Itemized (use Schedule A) .....	1850.00	2875.00
(ii) Unitemized .....	24700.00	58125.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	24700.00	58125.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	24700.00	58125.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24700.00	58125.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	44.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	44.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18700.00	39092.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18700.00	39136.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18700.00	39136.87

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	24700.00	58125.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24700.00	58125.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	44.87
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	44.87

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Agneta Albinsson

Mailing Address 3301 Oak St

City

Wheat Ridge

State

CO

Zip Code

80033-5458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: 80620.C91

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Monica A. Cobb

Mailing Address 175 Pamela Dr

City

Swansea

State

MA

Zip Code

02777-4244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: 80620.C106

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Joyce B. Dennis

Mailing Address 2705 S Breckenridge Dr

City

Independence

State

MO

Zip Code

64055-7205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: 80620.C97

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Denise Eaton

Mailing Address 33 Tanglewood Dr

City

West Yarmouth

State

MA

Zip Code

02673-4629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 80620.C130

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kathy A. Graham

Mailing Address 11415 Pollack Rd

City

Grand Rapids

State

OH

Zip Code

43522-9619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: 80620.C95

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Carl Groves

Mailing Address 6055 Veeder Rd

City

Slingerlands

State

NY

Zip Code

12159-9811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

Transaction ID: 80620.C116

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: **PAGE 8 / 17**

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Curtis Dean Johnson

Mailing Address 16100 Celtic St

City

Granada Hills

State

CA

Zip Code

91344-5312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

**Transaction ID:** 80620.C121

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Charlotte Kelley

Mailing Address 17309 E Barnes Dr

City

Fountain Hills

State

AZ

Zip Code

85268-5703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

**Transaction ID:** 80620.C108

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

J. Michael Lazarus, MD

Mailing Address 60 Old Colony Rd

City

Wellesley Hills

State

MA

Zip Code

02481-2844

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
Sr Exec VP Chief Med Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

**Transaction ID:** 80620.C135

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

James K. Loendorf

Mailing Address 14 Anderson Dr

City

Tyngsboro

State

MA

Zip Code

01879-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	8

Transaction ID: 80620.C131

Amount of Each Receipt this Period

400.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Stephen D. McMurray, M.D.

Mailing Address 12007 Haddington Ct

City

Fort Wayne

State

IN

Zip Code

46814-9015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	8

Transaction ID: 80620.C100

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Allen P. Mills

Mailing Address 2421 23rd Street Ct NE

City

Hickory

State

NC

Zip Code

28601-7981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	8

Transaction ID: 80620.C117

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Ruth A. Mitchell

Mailing Address 1805 Windsor Dr

City

Framingham

State

MA

Zip Code

01701-5012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	0	8

Transaction ID: 80620.C109

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Robert H. Payne

Mailing Address 65 Wallace Rd

City

Coldwater

State

MS

Zip Code

38618-7916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	0	8

Transaction ID: 80620.C101

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Thomas E. Persio, Jr.

Mailing Address 30 Beverly Rd

City

Natick

State

MA

Zip Code

01760-1953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	0	8

Transaction ID: 80620.C103

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Robin Purcell

Mailing Address 22 Sheraton Park

City

Arlington

State

MA

Zip Code

02474-8220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

VP Human Resources PH&G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 80620.C123

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Veronica S. Ribardi

Mailing Address 33433 N Sears Blvd

City

Grayslake

State

IL

Zip Code

60030-2160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: 80620.C105

Amount of Each Receipt this Period

300.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Thomas V. Scanlon, Jr.

Mailing Address 22 Walden Dr  
Unit 7

City

Natick

State

MA

Zip Code

01760-3886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

Transaction ID: 80620.C114

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Heinz Schmidt

Mailing Address 2312 Baypointe Dr

City

Newport Beach

State

CA

Zip Code

92660-8519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	8

Transaction ID: 80620.C102

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

A.C. Seaton

Mailing Address 3118 N. Brush Street

City

Wichita

State

KS

Zip Code

67205-8739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	8

Transaction ID: 80620.C94

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Carole L. Sekula

Mailing Address 3197 E 5th Rd

City

La Salle

State

IL

Zip Code

61301-9761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	8

Transaction ID: 80620.C112

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

1450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Traci L. Simpson

Mailing Address 6851 S 127th St E

City  
Derby

State  
KS

Zip Code  
67037-8739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: 80620.C99

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Gilpin Terry

Mailing Address 3550 Buschwood Park Dr Ste 390  
Suite 390

City  
Tampa

State  
FL

Zip Code  
33618-4450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: 80620.C98

Amount of Each Receipt this Period

2000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Constance Torey-Romanus

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 80620.C136

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Arturo Villamil-Acosta

Mailing Address Urb Borinquen Gdns  
CC28 Calle Gardenia

City State Zip Code  
San Juan PR 00926-6313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: 80620.C138

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Barbara B. Walker

Mailing Address 1115 Fisher Park St

City State Zip Code  
Brookhaven MS 39601-8143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: 80620.C93

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Deborah A. Wells

Mailing Address 783 Mimms Dr NW

City State Zip Code  
Marietta GA 30064-6231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

Transaction ID: 80620.C127

Amount of Each Receipt this Period

2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey West

Mailing Address 612 Deaver Dr

City

Blue Bell

State

PA

Zip Code

19422-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

Transaction ID: 80620.C118

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Charlene S. Wright

Mailing Address 2774 S. Elm St.

City

Gilbert

State

AZ

Zip Code

85296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 80620.C133

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

22850.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 17

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

KCP PAC

Mailing Address 5746 Union Mill Road  
P.O. Box 160

City Clifton State VA Zip Code 20124-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
KIDNEY CARE PARTNERS POLITICAL ACTION COMMITTEE (KCP PAC)

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: annual/other

Transaction ID: 80520.E70

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

5000.00

DIRECT CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

National Republican Senatorial Cmte

Mailing Address 425 Secon Street, NE

City Washington State DC Zip Code 20002-4914

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: annual/other

Transaction ID: 80520.E68

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

9000.00

DIRECT CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ORRINPAC

Mailing Address 175 S. West Temple  
Suite 650

City Salt Lake City State UT Zip Code 84101-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
ORRINPAC

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: annual/other

Transaction ID: 80520.E69

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

5000.00

DIRECT CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

19000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 17

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Harkin Mailing Address 426 C St NE	<b>Transaction ID:</b> 80614.E72 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20002-5839 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name THOMAS RICHARD HARKIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 00	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>DIRECT CONTRIBUTION</b>
<b>B.</b> Full Name (Last, First, Middle Initial) McConnell Senate Committee 08 Mailing Address PO Box 1496 City Louisville State KY Zip Code 40201-1496 Purpose of Disbursement VOID Candidate Name MITCH MCCONNELL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 00	<b>Transaction ID:</b> 80614.E71 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>-2500.00</div> <b>VOID</b>
<b>C.</b> Full Name (Last, First, Middle Initial) McConnell Senate Committee 08 Mailing Address PO Box 1496 City Louisville State KY Zip Code 40201-1496 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name MITCH MCCONNELL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 00	<b>Transaction ID:</b> 80614.E73 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1200.00</div> <b>DIRECT CONTRIBUTION</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**-300.00**

**TOTAL** This Period (last page this line number only) .....

**18700.00**